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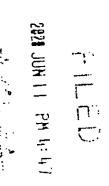
| (Re                     | questor's Name)    |           |
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| Certified Copies        | _ Certificates     | of Status |
|                         |                    |           |
| Special Instructions to |                    |           |
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Office Use Only



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## COVER LETTER

| TO:             | New Filing Sec<br>Division of Co |  |                 |   |   |
|-----------------|----------------------------------|--|-----------------|---|---|
| CHD ITA         |                                  | NDERSON SERVIC                               | ES LLC          |   |   |
| SUBJEC          | T:                               | Name of                                      | Limited Liab    | oility Company  |   |
| The encl        | osed Articles of                 | Organization and fee(s                       | ) are submitte  | ed for filing.  |   |
| Please re       | eturn all correspo               | ondence concerning this                      | s matter to the | e following:  |   |
|                 | HARRY AN                         | IDERSON                                      |                 |   |   |
|                 |                                  |  | Name            | of Person   |   |
|                 | HARRY AN                         | IDERSON SERVICE                              | S LLC           |   |   |
|                 |                                  |  | Firm/C          | Company   |   |
|                 | 5204 DEAN                        | INA AVENUE                                   |                 |   |   |
|                 |                                  |  | Ad              | dress   |   |
|                 | FORT PIER                        | RCE. FL 34946                                |                 |   |   |
|                 | KALIDONIS'                       | TAX@GATE.NET                                 | City/State      | and Zip Code  |   |
|                 | <u></u>                          |  | ised for future | e annual report notificat                             | ion)  |
| For furthe      | r information co                 | ncerning this matter, pl                     | ease call:      |   |   |
|                 | GEORGE K                         |  |                 | 465-9720<br>  |   |
|                 |                                  |  |                 | Daytime Telephon                                      |   |
| Enclosed        | I is a check for t               | he following amount:                         |                 |   |   |
| <b>=</b> \$125. | 00 Filing Fee                    | □\$130.00 Filing Fe<br>Certificate of Status | Cert            | 155.00 Filing Fee & ified Copy onal copy is enclosed) | ☐\$160.00 Filing Fee.<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                 | <u>Mailir</u>                    | ng Address                                   |                 | Street Address  |   |
|                 |                                  | iling Section                                |                 | New Filing Section D                                  |   |
|                 |                                  | on of Corporations<br>lox 6327               |                 | The Centre of Tallah: 2415 N. Monroe Stre             |   |
|                 |                                  | assee, FL 32314                              |                 | Tallahassee, FL 3230                                  |   |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ١ | ĸ. | П | CI | Æ | I - | N | a | nie | : |
|---|----|---|----|---|-----|---|---|-----|---|
|---|----|---|----|---|-----|---|---|-----|---|

The name of the Limited Liability Company is:

#### HARRY ANDERSON SERVICES LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

## Principal Office Address:

Mailing Address:

| HARRY ANDERSON SERVICES LLC | HARRY ANDERSON SERVICES LLC |
|-----------------------------|-----------------------------|
| 5204 DEANNA AVENUE          | 5204 DEANNA AVENUE          |
| FORT PIERCE, FL 34946       | FORT PIERCE, FL 34946       |

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

| GEORGE | IOHN | KAL  | PINOUIS  | EΔ |
|--------|------|------|----------|----|
| GEURGE | JUMN | NAL. | IUUUINIS |    |

Name

#### 1104 FLEETWOOD LANE

Florida street address (P.O. Box NOT acceptable)

| FORT PIERCE | FLORIDA | 34982 |  |
|-------------|---------|-------|--|
| City        | State   | Zip   |  |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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# ARTICLE IV-

. . . .

The name and address of each person authorized to manage and control the Limited Liability Company:

| Title:  | Name and Address:                                  |                          |             |
|---|--|--------------------------|-------------|
| "AMBR" = Authorized Member                      |  |                          |             |
| "MGR" = Manager                                 |  |                          |             |
| AMBER   | HARRY ANDERSON                                     |                          |             |
|   | 5204 DEANNA AVENUE<br>FORT PIERCE, FL 34982        |                          |             |
|   | FORT PIERCE, PL 34902                              |                          |             |
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|   |  |                          |             |
| (Use attachment if necessary)                   |  |                          |             |
| •   |  |                          |             |
| TICLE V: Effective date, if other than the da   | ite of filing: (                                   | (OPTIONAL)               |             |
| an effective date is listed, the date must be : | specific and cannot be more than five business o   | days prior to or 90 d    | lays after  |
| date of filing.)                                |  |                          |             |
|   | t meet the applicable statutory filing requirement | is, this date will not b | oe listed a |
| document's effective date on the Departme       | nt of State's records.                             |                          |             |
| TICLE VI: Other provisions, if any.             |  |                          |             |
| THERE VE. Other provisions, if any.             |  |                          |             |
|   |  |                          |             |
|   |  |                          | 292A        |
|   |  |                          | 2           |
| <u>REOUIRED</u> SIGNATURĘ:                      |  |                          |             |
| $\Omega$  |  | , i                      | ₹           |
| - X Harry                                       | Chalum   | <u> </u>                 |             |
| Signature of a 1                                | nember or an authorized representative of a n      | nember. 📜 -              | t           |
|   | uted in accordance with section 605.0203 (1) (b)   |                          | 1 0         |
|   | Ise information submitted in a document to the D   |                          | <u> </u>    |
| constitutes a third deg                         | ree felony as provided for in s.817.155, F.S.      | <b>€</b>                 |             |
| HARRY ANDERSON                                  | ı  | T 4                      | F.          |
| GARRI AMBERSON                                  | Typed or printed name of signee                    | <del></del>              | <del></del> |
|   | ryped or printed name of signee                    |                          |             |

# Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)